FULL AND PUBLIC DISCLOSURE OF FORM 6 2011 **FINANCIAL INTERESTS COMMISSION ON ETHICS** DATE RECEIVED FOR OFFICE USE ONLY: JUN 2 9 2012 talladlakaldaldallalladladladladladla ID Code "AUTO" MIXED AADC 323 T4 P1 123 HON MARTIN COLIN CIRCUIT JUDGE PROCESSED JUDICIAL CIRCUIT (15TH) ID No 95006 **ELECTED CONSTITUTIONAL OFFICER** 200 W ATLANTIC AVENUE Conf Code DELRAY BEACH, FL 33444-3664 P. Req. Code Colin, Martin **CHECK** IF THIS IS A FILING BY A CANDIDATE PART A -- NET WORTH Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3] PART B -- ASSETS **HOUSEHOLD GOODS AND PERSONAL EFFECTS:** Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes. Jewelry; collections of stamps, guns, and numismatic items, art objects, household equipment and furnishings; clothing; other household items; and vehicles for personal use The aggregate value of my household goods and personal effects (described above) is \$ ___ l 20,000 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) **VALUE OF ASSET** HOME - 501 NO. COUNTRY CLUB Dr. ATLANTS, FL. 33462 1,50,000 CONDO-610 LLEMATIS ST. UNIT PIL WEST ! MAN BEACH, FL. 3840) 160,000 CONDO- 1/2 IMPERENT-BYO FLAMBERS R DELNAY BEACH, FL. 37491 25,000 SABADBUL NATIONAL BANK 8,800 PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR **AMOUNT OF LIABILITY** OLWER (ASBC BARK) P.O. BOX 24646 WESTPALM BEART, F1. 33416- MONTE ME 390,000 LASALLE MATIONAL BANK 135 SO. LATALLE ST. # 1875 CHICAGO, ILL 60603 150,000 HELEN NOSBURG GOOY CHATEM DU LOLEIL LV. OBESSA, FL. 33536-MONE <u>)0,000</u> S. SINIAL 615 ATCANTIS BURY ATCANTIS, FL. 33762 - NONE 60,000 JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR **AMOUNT OF LIABILITY** FERMORNS A ASSOC. 6303 BATH OF COMMERCE BLUE BOCK ANTONES. 33 Yrz "L INTEREST WIRTSON, MICHAEL 327-

		PART D -	- INCOME		
You may EITHER (1) file a complete ment identifying each separate source of Part D, below	copy of your 2011 federal ce and amount of income	income tax re which exceeds	turn, including all W2's, s s \$1,000, including secor	schedules, and attac ndary sources of inc	chments, OR (2) file a sworn state- come, by completing the remainder
l elect to file a copy of my 20 [If you check this box and att	11 federal income tax retu ach a copy of your 2011 ta	ırn and all W2's ax return, you ı	s, schedules, and attachineed not complete the re	ments. emainder of Part D.]	
PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	(See instructions on pag EXCEEDING \$1,000	e 5):	ADDRESS OF SOURCE	OF INCOME	AMOUNT
JUDICIAL SAL	ANY	TAU	ALTASSEE, FL	•	1441000
NENTAL INC	ome	was:	ALTASSEE, FL	com	13,800
SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY	ME [Major customers, clie NAME OF MAJOR OF BUSINESS' I	SOURCES	sinesses owned by repo ADDRE OF SOU	SS	structions on page 5]. PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	₹,				
PA	RT E INTERESTS BUSINESS ENTITY		IED BUSINESSES [page 5] BUSINESS ENTITY # 3
NAME OF	BOOMEGO ENTIT	,, .			
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY POSITION HELD					
WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A T	THROUGH E ARE C	ONTINUED	ON A SEPARATE	SHEET, PLEAS	E CHECK HERE
OAT	l'H.		ATE OF FLORIDA FOUNTY OF	alm Bea	ich
I, the person whose name appears	at the	Sw	orn to (or affirmed) and	subscribed before m	ne this <u>3</u> day of
beginning of this form, do depose or			₹ .	12 · M	antin H. Colin
and say that the information disclose and any attachments hereto is true,			June	20 \d. by	MATTIN A. COLIN
and complete	accurate,		3	N -Le	Jan Wall
		(Si	gnature of Notary Public	State of Florida	SHERRIE NORTON Commission # DD 947047 Expires April 16, 2014 Bonded Titru Troy Fain Insurance 800-385-7019
111 + 1	11:	(P	rint, Typë, or Stamp Com	nmissioned Name of	
SIGNATURE OF REPORTING OFF	FICIAL OR CANDIDATE	Pe	ersonally Known	OR Produc	ced Identification
		Ty	pe of Identification Produ	uced	

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

JUN 2 9 2012

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before $\underline{\text{July 1}}$ of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial

Conduct.	
NAME: MARTIN H. C	COLID TELEPHONE: 56/- 330-1750
ADDRESS: 200 WEST A	TLANTIC NE. DECNAY BRANK, FL. 3344)
POSITION HELD: CIACUIT C	
Please identify all gifts you received \$100.00, as required by Canon 5D(5)	d during the preceding calendar year of a value in excess of and Canon 6B(2) of the Code of Judicial Conduct.
Source	<u>Value</u>
	12/2/10
	PROCESSED
I certify that the foregoing list is comp	
	Merten H. Wen
	JUDGE
	<u>OATH</u>
STATE OF FLORIDA COUNTY OF Palm Beac	<i>p</i>
Sworn to (or affirmed) and subscribed by Martin H. Colin	d before me this 27 day of 3,00 , 2012. (name of person making statement).
(NOTABY CRAY)	
(NOTARY SEAL)	(Signature of Notary Public State of Figure 19 SHERRIE NORTON
	SHERRIE NORTON Commission # DD 947047 Expires April 16, 2014 Sonded Thru Troy Fan Insurance 800-385-7019
	(Name of Notary Public-Typed, Printed or Stamped)
Personally Known OR Pro Type of Identification Produced	oduced Identification
(ORIGINAL OF THIS FORM FILED WI	ITH COMMISSION ON ETHICS; COPY FILED WITH IUDICIAL

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2012

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED

JUN 2 8 2013

վովոկվենորմբիրկիրդիկիկիրիկինինինիրիրիո

***********AUTO**MIXED AADC 323 T6 P1 25

Hon Martin Colin Circuit Judge Judicial Circuit (15Th) **Elected Constitutional Officer** 200 W Atlantic Ave Delray Beach, FL 33444-3664

PROCESSED

ID Code



ID No 95006

Conf. Code

P. Reg. Code *****

Colin, Martin

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 1 20,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME. SOI NO COUNTY LLUB DA. ATLANTIS, FL. 33462	650,000
CONDO - 610 LLEMATIS ST. UNIT BILL WEST PMM SENEST, FL. 33401	180,000
COMOS- 11. INTENSIT. 840 FLAMORISA DELLAY BENEATER. 33466	25,000
SABAJELL UNITED BOTH WEST DAM DENZIF, Fl. 33409 - AZIOUM	8,700

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCUEN (145BC BANT) P. O. BOX 27646 WASTOMM BENCH FL. 33401- MONT.	290,000
DOWEN (LASALE NATIL BANK) POBOK LYGYL WEST PARM BENKA F. 33401 - MONT.	148,000
ITELEN ROSSUME GOOY CHATEN du SOLIEU LN. DOSSEA FI. 33536 - HOME	28,000
S. SIMPAL 615 ATEMATIS WAY ATEMATIS, FI. 32462 - NOW-E	60,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLANDERS A GEORGE CROSS A ROLL OF COMMANDERS COMMANDERS	> 400

33457 "LINTENSIT WINASON, MICHARL

		PART D -	- INCOME		
You may EITHER (1) file a complete identifying each separate source and D, below.	copy of your 2012 federal in d amount of income which	ncome tax retur exceeds \$1,00	rn, including all W2's, schedules, and a 10, including secondary sources of inc	attachments, (ome, by comp	DR (2) file a sworn statement bleting the remainder of Part
			s, schedules, and attachments. need not complete the remainder of P	art D.]	
PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME			ADDRESS OF SOURCE OF INCOME		AMOUNT
JUDICIAN SMA	7	TA-	1. 4 HMSS GE, FL		138,000
JUDICIAL SMA			TPMM BEACH, Fr. C	0 ~-D	15000
SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY	ME [Major customers, clien NAME OF MAJOR : OF BUSINESS' I	SOURCES	sinesses owned by reporting persons ADDRESS OF SOURCE	F	ns on page 5]: PRINCIPAL BUSINESS ICTIVITY OF SOURCE
DA D'	r e intedects in	CDECIFIE	D BUSINESSES [Instructions o	n nage 61	
IAR	BUSINESS ENTITY		BUSINESS ENTITY # 2		ISINESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST			A STATE OF THE STA		
	PUROUCH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PL	EASE CHE	CK HEDE
IF ANY OF PARIS A	THROUGH E ARE CO	JNIINUED	ON A SEFARATE SHEET, TE	EASE CIT	ECK HERE
OAT	ГН		ATE OF FLORIDA Palm R	each	
I, the person whose name appears		Swo	orn to (or affirmed) and subscribed be	fore me this _	a5 day of
beginning of this form, do depose o			Z	ω - <i>\</i> `.	H Calia
and say that the information disclos and any attachments hereto is title,	acquiate		Sine, 20 13 by	Harti	o A. Colin.
and complete.	SHERRIE NORTO Commission # DD			X	
	Expires April 16, 20 Bonded Thru Troy Fain Insurance		gnature of Notary PublicState of Flor	ida)	
	,		Sterrie Mar	ton	
11.5	lh_	(Pri	nt, Type, or Stamp Commissioned Na	me of Notary	Public)
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	– Per	sonally Known OR F	Produced Ider	itification
		Тур	e of Identification Produced		

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

JUN 2 8 2013

44

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before <u>Iuly 1</u> of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct

Conduct.	•		
NAME: MACTIN H.	COLIN	_telephone: <i>561-330</i>	-1750
NAME: MACTIN H. ADDRESS: DO WEST.	ATLANTIC NE.	DECMY BENCH,	F1.33
POSITION HELD: CIACUIT	COUNT JUDG	· E	
Please identify all gifts you receive \$100.00, as required by Canon 5D(5	ed during the preceding) and Canon 6B(2) of the	calendar year of a value in e Code of Judicial Conduct.	excess of
Source		<u> Value</u>	
-0-			
,			
The state of the s			
certify that the foregoing list is con	oplete, true and correct,	DA. Mi	
,	JUDGE	we en of the	
	<u>OATH</u>		
STATE OF FLORIDA COUNTY OF Palm Reach			
Sworn to (or affirmed) and subscrib	ed before me this 250 (name of pers	day of <u>Sune</u> , 20	13
(NOTARY SEAL) SHERRIE NORTON	(Signature of Notary I	Public-State of Florida)	
Commission # DD 947047 Expires April 16, 2014 Bonded Thru Troy Fain Insurance 800-385-7019	There	ie Morton	
	(Name of Notary Publ	ic-Typed, Printed or Stamped)	
ersonally KnownOR P ype of Identification roduced	roduced Identification _		
ORIGINAL OF THIS FORM FILED V QUALIFICATIONS COMMISSION)	VITH COMMISSION ON	ETHICS; COPY FILED WITH JU	JDICIAL

04/11

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST

2013

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 27 2014

RECEIVED

PROCESSED

Hon Martin Colin Circuit Judge Judicial Circuit (15Th) **Elected Constitutional Officer** 200 W Atlantic Ave Delray Beach FL 33444-3664 լորդնվոլիդնդնկին Ալինորուներդնդնում և ինդիլիկի

ID Code

ID No.

95006

Conf. Code

Colin, Martin

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME. 501 NO. COUNTY LLUB DA. ATLANTIS, FL. 33467	650,000
CONDO-610 LLEMATIS ST. UNIT 811 WEST PARA BRACH, FT. 33401	190,000
LONGO - "IZ INTERMET 840 FLAMBERS R. BELANY GENER. FL. 33466	25,000
SAGADRAL UNITED BANK. WEST PAN CERCH, FI - 33709	8,600

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCWEN (HSBC BANK) P.O. 50 x 24 646 WEST PAIN BEACH, +133401 - MONT.	285,000
OCURN / LASAUR MATIONA BANK) P.O.BOX 24646 WESTPAM BESKED M. MONS	146,000
HEREN LOSBURG 9004 CHATEN du SOLIEU LN. OJESSA, Fl. 33536 France	28,000
S. SIAPAL 615 ATLANTIS WAY ATLANTICFI. 33762 - MONE	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

AMOUNT OF LIABILITY NAME AND ADDRESS OF CREDITOR FLAMBERS A. COMO ASSOC. 6300 fAMA OF COMMERCE BLUD 1200 BOCA MITON, Pl. 334P7 1/2 INTERNT WITH SON,

| AMOUNT OF LIABILITY

	PART D -	- INCOME		
You may EITHER (1) file a complete copy of your 2013 statement identifying each separate source and amount remainder of Part D, below.	federal income tax of income which	x return, <i>including all W2</i> 's, s exceeds \$1,000, including s	schedules, and at econdary sources	tachments, OR (2) file a sworn s of income, by completing the
I elect to file a copy of my 2013 federal income tax [If you check this box and attach a copy of your 20	x return and all W2 013 tax return, you	e's, schedules, and attachment need not complete the rema	nts. iinder of Part D.]	
PRIMARY SOURCES OF INCOME (See instructions on				
NAME OF SOURCE OF INCOME EXCEEDING \$1,000)	ADDRESS OF SOURCE OF	FINCOME	AMOUNT
NENTA INCOME	TAL	LAHASS RE, F	۲.	136,000
NENTAL INCOME	WEST	PAUN BEACH	PL. LONDS	15,000
SECONDARY SOURCES OF INCOME [Major customers,	, clients, etc., of bu	sinesses owned by reporting	personsee instr	Tuctions on page 51:
NAME OF NAME OF MAJ	JOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
DOSINESS ENTITY OF BUSINES	SS' INCOME	OF SOURCE	: 	ACTIVITY OF SOURCE
				.,
PART E INTERESTS	S IN SPECIFIEI	D BUSINESSES [Instruc	tions on page 6	
BUSINESS ENTIT	ΓY # 1	BUSINESS ENTITY # 2	В	USINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				- N.S
PRINCIPAL BUSINESS				
ACTIVITY POSITION HELD		A:		
I OWN MORE THAN A 5%			-	
INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH E ARE O	CONTINUED (ON A SEPARATE SHEI	ET, PLEASE C	CHECK HERE
OATH				
OATH	COUNT	OF FLORIDA Palm	Beach	
I, the person whose name appears at the		o (or affirmed) and subscribe		
beginning of this form, do depose on oath or affirmation			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 0 1
and say that the information disclosed on this form		14 20 14	by Mart	in H. Colin
and any attachments herefolds true, accurate,	····	2		
and complete. Notary Public State of i	•	ire of Notary PublicState of	Florida)	
My Commission FF 10i Expires 04/18/2018	J	Sherrie I	lorton	Diff
, , , , , , , , , , , , , , , , , , , ,	* * * * * *	ype, or Stamp Commissione	d Name of Notary	Public)
M. ti: H. lolen	Persona	ally Known O/	R Produced Idea	ntification
SIGNATURE OF REPORTING OFFICIAL OR CANDIDA	TE Type of	Identification Produced		9044 yessan (
15				
If a certified public accountant licensed under Chapter 4 she must complete the following statement:	173, or attorney ir	n good standing with the FI	orida Bar prepar	ed this form for you, he or
· · · · · · · · · · · · · · · · · · ·	nrenared the	e CE Form 6 in accordance	a with Art II Soc	9 Florida Constitution
I,	to the form. Upo	n my reasonable knowledg	e and belief, the	disclosure herein is true and
correct.				
Signature			Dat	Δ

PROCESSED

FLORIDA COMMISSION ON ETHE

JUN 27 20 ...

RECEIVED

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before <u>July 1</u> of each calend year on the form set forth below a list of all gifts received during the previous calendar year o yalue in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judio	oi a
Conduct.	_

onduct.	
AME: MALTIN H. COLIF	TELEPHONE: 561-330-1750
DDRESS: 200 WAST AT CAN TIC	ME. AFCLAT SHEW FL. 3374
OSITION HELD: CALVIT COUNT	JUICE
	preceding calendar year of a value in excess of
Source	<u>Value</u>
certify that the foregoing list is complete, true an	Monten 17. Wen' DGE
<u>OA</u>	<u>TH</u>
COUNTY OF Halm Beach	
Sworn to (or affirmed) and subscribed before me by <u>Martin H. Colin</u> (na	this May of June 2014. ame of person making statement).
(NOTATIVETALL)	
Notary Public State of Florida Sherrie R Norton My Commission FF 108130 Expires 04/16/2018	Notary Public-State of Florida) Notary Public-Typed, Printed or Stamped)
Personally KnownOR Produced Iden Type of Identification Produced	atification
ORIGINAL OF THIS FORM FILED WITH COMMI	ISSION ON ETHICS; COPY FILED WITH JUDICIAL

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2014

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 22 2015

RECEIVED

ID Code

ID No.

95006

Conf. Code

Colin, Martin

լՈնիկիանիկին անկանիկիսանիկիանիկությունների և հերանիկին այ

**********AUTO**MIXED AADC 323 T5 P1 146

Delray Beach FL 33444-3664

Hon Martin Colin

Judicial Circuit (15Th)
Elected Constitutional Officer

200 W Atlantic Ave

CHECK IF THIS IS A FILING BY A CANDIDATE

Circuit Judge

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2014. [Note: Note: Note: Section by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as December 31, 2014 was \$ 492,026

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ ______ ! \(\mathcal{D}_{\mathcal{L}} \circ \oplus \oplus \oplus \)

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME-501 NO. COUNTRY LLUB DR. ATLANTIS, FL. 33762	650,000
CONOD- 610 CLEMATIST UNIT BILL WEST PMABEACH, FL. 31 YOU	192,000
SABABELL UNITED BANK WEST PALM PERFELL, FL. 33409	25,000
SABABELL UNITED BAM WEST PAIN PENCH, FL. 33409 ERS- AROP. VESTED	9100

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCUBA (HSBCBAM) P.O. BUX 24646 WAST PALM BENEA, FL. 33401- HOME MONT.	282,445
OCUBN CLATALE NATIONALBANK) P. J. BUK 24646 WEST PALM BEACH, FL. 33401 MON	T. 139,877
HELEN MOSBURG GOOY CHATEAU du SOLIEU LN. UDGESA, Fl. 33536 - France	30,295
S.SINAM 615 ATLANTIS WAT ATLANTIS FL. 33462- NOWE	60,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLAMBERS A. COMOD ASSOC. 6300 BANKOF COMMERCE BLUD	1898
BOCA RATON, F. 33 Y87 "LINTEREST WINT SON, MICHAEL	

ABADEL UNITED BATH WAST PARA SPECK, FI. 33409 - CARDIT LIFE

PART D INCOME						
You may EITHER (1) file a comp statement identifying each separ remainder of Part D, below.	olete copy of your 2014 federate source and amount of	eral income ta income which	x return, includ exceeds \$1,00	ding all W2's, sc 00, including sec	hedules, and att condary sources	eachments, OR (2) file a sworn of income, by completing the
I elect to file a copy of my [If you check this box and	2014 federal income tax retattach a copy of your 2014	turn and all Watax return, you	2's, schedules, need not com	and attachments	s. der of Part D.]	
PRIMARY SOURCES OF INCOM	IE (See instructions on pa	ge 5):				
NAME OF SOURCE OF INCO			ADDRESS O	F SOURCE OF	INCOME	AMOUNT
JUDICIAL SAL	Ary		MHATSRE			136,000
NEMAN INCOME		WAST PM & DERECT. FI.		A.	15,000	
SECONDARY SOURCES OF INC	COME [Major customers, clie	ents, etc., of bu	usinesses own	ed by reporting p	ersonsee instr	uctions on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS			ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PA	RT E INTERESTS IN	SPECIFIE	D BUSINES	SES [Instructi	ons on page 6	
	BUSINESS ENTITY #	1	BUSINES	S ENTITY # 2	В	USINESS ENTITY # 3
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD						
I OWN MORE THAN A 5%				77.		
NATURE OF MY		-				
OWNERSHIP INTEREST						
			TRAINING			
	required to complete					,
	CERTIFY THAT I HA					ING.
OA'	TH	STATE COUN	OF FLORIDA TY OF	Palm	Beach	
I, the person whose name appear	ars at the				before me this	_\cup day of
beginning of this form, do depose		7	une	, 20 <u>\5</u> b	y Mart	in H. Colin
and say that the information disc and any attachments hereto is tre						
and complete.	,,	(Signat	ure of Notary F	PublicState of I	AND PLA	Notary Public State of Florida
4.0	, , ,	(Print,	Type, or Stamp	Commissioned	\$ 3 *	Sherrie R Norton My Coromission FF 108130
/// \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/			ally Known	OR.	> solva	Expires 04/18/2018
SIGNATURE OF PEROPENO	WILL OF CAMPINATE		Identification		A COLOR OF THE	ниновиоп
	OFFICIAL OR CANDIDATE					
If a certified public accountant li she must complete the following		3, or attorney	in good stand	ting with the Flo	orida Bar prepa	red this form for you, he or
, prepared the CE Form 6 in accordance with Art. II. Sec. 8. Florida Constitution.						
Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.						
			_			
Signature					Da	
Preparation of this form by	y a CPA or attorney do	es not relie	ve the filer	of the respon	sibility to sig	n the form under oath.
IF ANY OF PARTS A T	HROUGH E ARE CO	NTINUED	ON A SEPA	RATE SHEE	T, PLEASE C	CHECK HERE

COMMISSION ON ETHICS

JUN 22 2015

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

RECEIVED

44

GIFT DISCLOSURE

All judicial officers must file with the Commission on year on the form set forth below a list of all gifts recevalue in excess of \$100.00, as provided in Canon 5D Conduct.	eived during the previous calendar year of a
NAME: MANTIN H. LOLIN	TELEPHONE: 561-370-1750
ADDRESS: >00 WAST ATLANTIC	ME DELAMY BEAUT, FI. 324
POSITION HELD: CIRLUIT COURT J	
Please identify all gifts you received during the pres \$100.00, as required by Canon 5D(5) and Canon 6B(2)	
Source	Value
- 0 -	* ************************************
I certify that the foregoing list is complete, true and co	Worth
QATH	
STATE OF FLORIDA COUNTY OF Palm Beach	
Sworn to (or affirmed) and subscribed before me this by Martin H. Colin (name	of person making statement).
Notary Public State of Flonda Sherrie R Norton My Commission FF 108130 Expires 04/16/2018 (Name of Nota	Totary Public-State of Florida) Tric R. Orton ry Public-Typed, Printed or Stamped)
Personally Known OR Produced Identific Type of Identification	iuon

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL

QUALIFICATIONS COMMISSION)

FORM 6 FULL AND PUBLIC DISCLO	2015		
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERE	OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME:	•	5006	
COLIN MARTIN H. MAILING ADDRESS:		FLORIDA	
·	COMMIS	SSION ON ETHICS	
205 NO. DIXIE HUY	J	UN 3 0 2016	
	F	RECEIVED	
WEST PALM BEACH 33401 PALMBEACH	·		
NAME OF AGENCY: 15M JUDICIAL CIRCUIT	SSED		
NAME OF OFFICE OR POSITION HELD OR SOUGHT: CIRCUIT COUNT INJURE	11100		
CHECK IF THIS IS A FILING BY A CANDIDATE			
PART A NET WORTH			
Please enter the value of your net worth as of December 31, 2015 or a more culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so pl			
My net worth as of	530,142		
my not worth do or			
PART B ASSETS			
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.			
The aggregate value of my household goods and personal effects (described above) is \$	20,000		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction	VALUE OF ASSET		
HOME-501 NO. COUNTRY LLUB DA. ATLANTIS FL. 33 Y6	650,000		
ENS AROP - UBITED	The state of the s	102,498	
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):			
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY	
OCHEN (HSBC BAM) P.S. BOX 24646 WEST PARM BRIENT, HELEN MOSBURG 9004 CHATEN CLUSSLIEN LN-005RS	273,647		
HEREN ROSBURG GOOY CHATEN du SOLIEN LN-ODERS	7 30,195		
S. SINIM 615 ATLANTIS WAY ATLANTIS P1.334	60,000		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	ı	AMOUNT OF LIABILITY	
	ALNA	942	
BUCA WHON, RI3378) - 1/2 INTEREST WI	SON-MKHARI	, -	
SABA-DELL BANK WEST FARM DESERT, PL 33049 - CA	SDIT Link	872	

		PART D -	- INCOME	
Identify each separate source and copy of your 2015 federal income attaching your returns, as the law	tax return, including all W2	s, schedules, a	nd attachments. Please redact any soc	ources of income. Or attach a complete cial security or account numbers before
I elect to file a copy of my [If you check this box and	2015 federal income tax re attach a copy of your 2015	turn and all W2 tax return, you	's, schedules, and attachments. need not complete the remainder of P	art D.]
PRIMARY SOURCES OF INCOM	,	ige 5):		1
NAME OF SOURCE OF INCOM		<u>~</u> Λ.	ADDRESS OF SOURCE OF INCOME	†
TUNCIALS	ALANY	140	CAMIBERCH, FI.	136,000
NEWIAL INCOME BELLANDENHIEL. 3		3600		
SECONDARY SOURCES OF INC			usinesses owned by reporting person	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PA	DT F INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions on	page 61
r A	BUSINESS ENTITY		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF	DOGINE CO CATILITY			
BUSINESS ENTITY ADDRESS OF				
BUSINESS ENTITY PRINCIPAL BUSINESS				
ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
	a silva e e e e e e e e e e e e e e e e e e e	PART F	TRAINING	
For officers	s required to complete		ics training pursuant to section	112.3142, F.S.
			PLETED THE REQUIRED	
OA	TH	STATE	OF FLORIDA Palm Be	ach
				717
I, the person whose name appear beginning of this form, do depos		Sworn	to (or affirmed) and subscribed before	me this day of
and say that the information disc		2_	<u>une</u> . 20 lb by M	rano-manaitze
and any attachments hereto is tr	rue, accurate,	(Signa	ture of Notary PublicState of Florina	Notary Public State of Florida Shemie R Norton
and complete.		(=-3	} *	My Commission FF 108130 Expires 04/16/2018
110		(Print,	Type, or Stamp Commissioned Name	Charles Continued to the Continued to th
11/1/1	- W	Persor	nally Known OR Prod	luced Identification
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Туре о	f Identification Produced	
If a certified public accountant I	icensed under Chapter 4	73, or attorney	in good standing with the Florida B	ar prepared this form for you, he or
she must complete the following			•	
I,	too and the instructions	, prepared	the CE Form 6 in accordance with Appon my reasonable knowledge and I	Art. II, Sec. 8, Florida Constitution,
and correct.	ites, and the instructions	to the form. Of	poil my reasonable knowledge and i	benef, the disclosure herein is true
Signature			4 61 641 000	Date
			eve the filer of the responsibilit	8
IF ANY OF PARTS A	THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PL	EASE CHECK HERE 🔲

PROCESSED

95006 **FLORIDA**

COMMISSION ON ETHICS

JUN 3 0 2016

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

RECEIVED

GIFT DISCLOSURE

year on the form set forth be value in excess of \$100.00, a Conduct.	elow a list of all gifts receives provided in Canon 5D(5	Ethics on or before <u>Iuly 1</u> of each calendar yed during the previous calendar year of a and Canon 6B(2) of the Code of Judicial
NAME: MANTIN	H. LOUP	TELEPHONE:56/-355-783
ADDRESS: 205 MO.	DIXIE IMY WES	- 1 Am Ogself, F1. 33 401
POSITION HELD: CA	LLUIT COUNT	50162
Please identify all gifts you s \$100.00, as required by Canon		ding calendar year of a value in excess of f the Code of Judicial Conduct.
Source	<u>.</u>	<u>Value</u>
_ 0 -	-	
I certify that the foregoing lis	t is complete, true and corr	Modfin it Lour
	· · · · · · · · · · · · · · · · · · ·	JOHN NA 11. COCI
	<u>OATH</u>	
STATE OF FLORIDA COUNTY OF	mBeach	
Sworn to (or affirmed) and suby Martin H.C	bscribed before me this(name of	person making statement).
(NOTARY SEAL)	(Signature of No.	Notary Public State of Florida Notary Public State of Florida Sherrie R Norton My Commission FF 108130 Expires 04/16/2018 Public Typost Printed of Stamped)
Personally Known Type of Identification	OR Produced Identificat	ion

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)

Produced ____